2015 Annual Summary of Continuing Education Hours



Continuing education (CE) hours should be in the field of professional chaplaincy and advance the professional practice or skills of the board certified or associate certified chaplain.

Tip: Save this convenient Word document form on your computer, and record CE throughout the year as you read, attend seminars, teach, etc. At the end of the year, attach this form to an e-mail and send to info@professionalchaplains.org. Use additional sheets or add rows to the table as needed. Please retain a copy of this completed form for your records.

INC	anie									
Place of Work										
Address										
Ci	ty, State,	Zip				E-mai	1			
50 CE H				50 CE I	Ηοι	ours Required				
	Board C	Certified	Chapla	in (BCC)		Associate Certified Chaplain (ACC) I was certified in 2015 and so my CE hours are pro-rated for 2015.				
	Provisional BCC					Provisional ACC	Tiours are pro-rated for 2015.			
	BCC with specialty certification			tification		I have a specialty certification and attest that at least 20 of the	of the 50 hours of education are in my specialty field.			
	I have r	ead an	d unde	rstand the Co	nti	inuing Education Program Guidelines and FAQs (required).				
N	l					st 2 of the following methodologies, and at least 5		esearch.		
М	ethodolo	gy 1, A	ttendin	g Educationa	ΙE	vents				
Date e.g		Event e.g. works	shop,	Title / Topic			Sponsoring Organization	HOURS		
							Total Methodology 1			
М	ethodolo	gy 2, W	/riting							
Date		Title / 1	Горіс		Publication/Media	HOURS				

	,			Total Methodology 2			
Methodol	ogy 3, Teachi	ng					
Date	Title / Topic Sponsoring Organization						
				Total Methodology 3			
Mathadal	ann 4 Duafaa	-:	(4 b	Total Methodology 3			
Methodol		sional Seif-C	are (4 hours maximum)				
Date	Session Type	Title / Desc	ription		HOURS		
				Total Mathadalagy 4			
				Total Methodology 4			
	ogy 5, Readin	g / Self-Instr					
Date	Title / Topic			Author / Publisher	HOURS		
	<u> </u>			Total Methodology 5			
Methodo	ology 6, Own	Peer Revie	w (5 hours maximum)				
Date	Organization		Description		HOURS		
	, g		, , , , , , , , , , , , , , , , , , , ,				
				Total Mathe data			
				Total Methodology 6			

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Methodol	ogy 7, Service to APC (10 hours maximum)								
Date	Description of Service & Educational Component		HOURS						
		Total Mathadalam, 7							
		Total Methodology 7							
Methodol	ogy 8, Research (5 hours MINIMUM)								
Date	Title/Description	Researcher/Author	HOURS						
		Total Methodology 8							
		Total Methodology 1							
		Total Methodology 2							
		Total Methodology 3							
Please rea	tain a copy of this form for your records.	Total Methodology 4							
You do no	nt need to submit CE certificates and other supporting documentation.	Total Methodology 5							
This form	Total Methodology 6								
		Total Methodology 7							
		Total Methodology 8							
		GRAND TOTAL							

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Name:

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